10 TOWER DRIVE SUN PRAIRIE

WI 53590

STATE OF WISCONSIN

Division of Disability and Elder Services

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Bureau of Quality Assurance P.O. Box 2969 **OUTPATIENT REHABILITATION FACILITIES**

Alphabetical by County and City

Madison, WI 53701-2969

	All providers certified for Medi		ertified for Medicaid are in vide all services listed	idicated at lef	t
Certification Number	Provider Name and Address	anches may not pro	Administrator and	d Phone	County and Region
52- 6549	CEREBRAL PALSY INC		THEODORE PHE	RNETTON	Brown
	2801 S WEBSTER		(920) 337-1122		NORTHEASTERN
Medicaid	GREEN BAY, WI 54301		FAX:		TOTAL TENE
Ownership Ty	pe: VOLUNTARY NONPROFIT CORP		1 FW.		
	lable: Occupational Therapy	Physical Therapy	Sneech I	Pathology	
Oct vices Avai	Table. Cocapational Merapy	Thyologi Therapy	Оросон	attiology	
52- 6516	N E W CURATIVE REHABILITATION II	NC	JOHN BLOOR		Brown
Certified for	2900 CURRY LANE P O BOX 8027		(920) 468-1161		NORTHEASTERN
Medicaid	GREEN BAY, WI 54308		FAX:		
Ownership Ty	pe: VOLUNTARY NONPROFIT CORP				
Services Avai	lable: Occupational Therapy	Physical Therapy	Speech	Pathology	
52- 6542	HEALTHSOUTH REHABILITATION CE	NTED OF MANITON	VOC LISA PHILLIPS		Brown
	2719 CALUMET AVENUE	MILICOI MANITOV	(920) 683-9710		NORTHEASTERN
Medicaid	MANITOWOC, WI 54220		FAX: (920) 683-9755		NONTILAGILINI
	pe: LIMITED LIABILITY PARTNER(FOR	P_PROFIT\	1 AX. (920) 003-9733		
	lable: Occupational Therapy	Physical Therapy			
Services Avai	lable. Occupational merapy	i ilysical illerapy			
52- 6585	ST JOSEPHS HOSPITAL REHABILITA	ATION AGENCY	DENNY CLARK		Chippewa
Certified for	2661 COUNTY HIGHWAY I		(715) 726-3455		WESTERN
Medicaid	CHIPPEWA FALLS, WI 54729		FAX: (715) 726-3244		
Ownership Ty	pe: VOLUNTARY NONPROFIT CHURC	H/CORP			
Services Avai	lable: Occupational Therapy	Physical Therapy	Speech I	Pathology	
52 -6550	DEAN REHABILITATION		GARY HAGLUND		Dane
Certified for	1313 FISH HATCHERY ROAD		(608) 245-2803		SOUTHERN
Medicaid	MADISON, WI 53715		FAX:		
Ownership Ty	pe: PROPRIETARY CORPORATION				
	lable: Occupational Therapy	Physical Therapy	Speech I	Pathology	
Branch:	DEAN THERAPY SERVICES		PHONE: (608) 756-2266	FAX:	
	2540 HUMES ROAD				
	JANESVILLE WI 53545				
Branch:	RIVERVIEW CLINIC		PHONE:	FAX:	
	580 N WASHINGTON STREET				
	JANESVILLE WI 53545				
Branch:	DEAN WEST CLINIC		PHONE:	FAX:	
	752 N HIGH POINT ROAD				
	MADISON WI 53717				
	DEAN THERAPY CENTER		PHONE:	FAX:	
	1806 W BELTLINE HIGHWAY				
	MADISON WI 53713				
Branch:	ST MARYS HOSPITAL		PHONE:	FAX:	
	707 S MILLS STREET				
	MADISON WI 53715				
	STOUGHTON CLINIC		PHONE:	FAX:	
	225 CHURCH STREET				
	STOUGHTON WI 53589				
	SUN PRAIRIE CLINIC		PHONE:	FAX:	
Diancii.	40 TOWER RRIVE		I IIOIIL.	1 77.	

STATE OF WISCONSIN

Division of Disability and Elder Services

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OUTPATIENT REHABILITATION FACILITIES Alphabetical by County and City

Bureau of Quality Assurance P.O. Box 2969 Madison, WI 53701-2969

All providers certified for Medicare - those also certified for Medicaid are indicated at left

	Certification	Please note: Branches may not pro		
Certified for 1223 MADISON STREET (920) 885-4750 SOUTHERN	Number	Provider Name and Address	Administrator and Phone	County and Region
Medicald SEAVER DAM, WI 53916 SOurces May allable: Occupational Therapy Branch: REHAB RESOURCES Phone: FAX: Speech Pathology Speech Pathology Phone: FAX: Speech Pathology Phone: FAX: Speech Pathology Speech Pathology Phone: FAX: Speech Pathology Speech Pathology Speech Pathology Speech Pathology Phone: FAX: Speech Pathology Speech Pathol	52- 6551	REHAB RESOURCES INC	JANICE STEVENS	Dodge
Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Branch: REHAB RESOURCES Branch: REHAB RESOURCES 110 PARALLEL STREET BEAVER DAM WI 53916 52-6526 DOOR COUNTY MEMORIAL HOSPITAL REHAB SERVICES GERALD WORRICK (920) 746-0410 NORTHEASTERN Medicaid STURGEON BAX WI 54235 Ownership Type: VOLUNTARY NONPROFIT CORP Services Available: Occupational Therapy Physical Therapy Branch: AGOMA MEDICAL CENTER 140 AGOMA MEDICAL CENTER ALGOMA MEDICAL GENTER ALGOMA MEDICAL SERVICES (947) 746-0410 NORTHEASTERN PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL CENTER PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL STREET PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL STREET PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL STREET PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE GRANT STREET ALGOMA MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE GRANT STREET ALGOMA MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE GRANT SOUTHEASTERN PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE GRANT SOUTHEASTERN PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE GRANT SOUTHEASTERN PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE GRANT SOUTHEASTERN PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE GRANT SOUTHEASTERN PHONE: FAX: 1510 FREMONT STREET ALGOMA MEDICAL STREET ALGOMA MEDICAL		r 1223 MADISON STREET	(920) 885-4750	SOUTHERN
Services Available: Cocupational Therapy Physical Therapy PhONE: FAX:		· · · · · · · · · · · · · · · · · · ·	FAX:	
Branch: REHAB RESOURCES	Ownership T	ype: PROPRIETARY CORPORATION		
BEAVER DAM WI 53916			_	
DOOR COUNTY MEMORIAL HOSPITAL REHAB SERVICES GERALD WORRICK Door		110 PARALLEL STREET		
Medical STURGEON BAY, WI 54235		BEAVER DAM WI 53916		
Medicaid STURGEON BAY, WI 54235 FAX:	52- 6526	DOOR COUNTY MEMORIAL HOSPITAL REHAB SERVICE	S GERALD WORRICK	Door
Medicaid STURGEON BAY, WI 54235 FAX:	Certified fo	r 1300 EGG HARBOR ROAD #108	(920) 746-0410	NORTHEASTERN
Ownership Type: VOLUNTARY NONPROFIT CORP	Medicaid	STURGEON BAY, WI 54235	` '	
Services Available: Occupational Therapy	Ownership T	•		
Branch: ALGOMA MEDICAL CENTER 1510 FREMONT STREET 1510 FREMO	•	••	Speech Pathology	
1510 FREMONT STREET				
ALGOMA				
Branch: DOOR COUNTY MEMORIAL HOSPITAL PHONE: FAX: 323 S 18TH AVENUE \$323 S 18TH AVENUE \$57URGEON BAY WI 54235 52-6560 \$SUNDANCE REHABILITATION AGENCY OF WISCONSIN Medical MARK KILMER Fond Du Lac Certified for Medicald \$244 29TH AVENUE (847) 299-1741 NORTHEASTERN Ownership Type: PROPEIETARY CORPORATION FAX: (847) 299-3218 NORTHEASTERN Services Available: Occupational Therapy Physical Therapy Speech Pathology Branch: LINCOLIN LUTHERAN ADULT DAY CARE PHONE: FAX: 2015 PROSPECT STREET WI 53404 PHONE: FAX: BECKER-SHOOP CENTER PHONE: FAX: 6101 16TH STREET RACINE WI 53406 SHAWN THIELE Grant 52-6570 MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY SHAWN THIELE Grant SOUTHEASTERN Ownership Type: PROPRIETARY CORPORATION FAX: SOUTHEASTERN SOUTHEAN 52-6594 GL HEALTHCARE SERVICES LTD (608) 527-4390 SOUTHERN Services Available: Occupational Therapy<				
STURGEON BAY	Branch:		PHONE: FAX:	
STURGEON BAY WI 54235	2.4		1750	
SUNDANCE REHABILITATION AGENCY OF WISCONSIN MARK KILMER Fond Du Lac				
Certified for Medicald KENOSHA, WI 53143 FAX: (847) 299-1741 NORTHEASTERN	50 0500		MADIZIZII MED	Ford Duller
Medicald KENOSHA, WI 53143				
Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy			` '	NORTHEASTERN
Services Available Occupational Therapy Physical Therapy PhoNE FAX:		•	FAX: (847) 299-3218	
Branch: LINCOLN LUTHERAN ADULT DAY CARE 2015 PROSPECT STREET RACINE WI 53404 Branch: BECKER-SHOOP CENTER 6101 16TH STREET RACINE WI 53406 PHONE: FAX: 6101 16TH STREET RACINE WI 53406 PHONE: FAX: 6101 16TH STREET RACINE WI 53406 SEASON MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY 1240 BIG JACK RD 1240 BI	-	••		
2015 PROSPECT STREET			. i	
RACINE	Branch:		PHONE: FAX:	
Branch: BECKER-SHOOP CENTER		2015 PROSPECT STREET		
6101 16TH STREET RACINE WI 53406 52-6570 MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY 1240 BIG JACK RD PLATTEVILLE, WI 53818 COwnership Type: PROPRIETARY CORPORATION Services Available: Physical Therapy 52-6594 GL HEALTHCARE SERVICES LTD 600 2ND AVENUE NEW GLARUS, WI 53574 COwnership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Branch: NAZARETH HOUSE 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON 825 LEXINGTON BLVD SUITE 2 FORT ATKINSON, WI 53538 FAX: (920) 568-9739 SOUTHEASTERN FAX: (920) 568-9742 COwnership Type: PROPRIETARY PARTNERSHIP				
RACINE	Branch:	BECKER-SHOOP CENTER	PHONE: FAX:	
52-6570 MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY 1240 BIG JACK RD PLATTEVILLE, WI 53818 Ownership Type: PROPRIETARY CORPORATION Services Available: Physical Therapy 52-6594 GL HEALTHCARE SERVICES LTD 600 2ND AVENUE NEW GLARUS, WI 53574 Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Physical Therapy Physical Therapy PhoNE: FAX: 814 JACKSON STREET STOUGHTON 825 LEXINGTON BLVD SUITE 2 FORT ATKINSON, WI 53538 FAX: (920) 568-9739 Ownership Type: PROPRIETARY PARTNERSHIP		6101 16TH STREET		
1240 BIG JACK RD		RACINE WI 53406		
PLATTEVILLE, WI 53818 Ownership Type: PROPRIETARY CORPORATION Services Available: Physical Therapy 52-6594 GL HEALTHCARE SERVICES LTD 600 2ND AVENUE NEW GLARUS, WI 53574 Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Physical Therapy Phone: FAX: 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON 825 LEXINGTON BLVD SUITE 2 FORT ATKINSON, WI 53538 FAX: (920) 568-9739 SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742	52- 6570	MEDICAL ASSOCIATES CLINIC PHYSICAL THERAPY	SHAWN THIELE	Grant
Ownership Type: PROPRIETARY CORPORATION Services Available: Physical Therapy 52-6594 GL HEALTHCARE SERVICES LTD 600 2ND AVENUE NEW GLARUS, WI 53574 FAX: Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Speech Pathology PHONE: FAX: 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON 825 LEXINGTON BLVD SUITE 2 FORT ATKINSON, WI 53538 FAX: (920) 568-9739 SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742		1240 BIG JACK RD	(608) 348-2844	SOUTHEASTERN
Services Available: Physical Therapy Services Available: Physical Therapy ILENE LARSON Green		PLATTEVILLE, WI 53818	FAX:	
Services Available: Physical Therapy Services Available: Physical Therapy ILENE LARSON Green	Ownership T	ype: PROPRIETARY CORPORATION		
52-6594 GL HEALTHCARE SERVICES LTD 600 2ND AVENUE NEW GLARUS, WI 53574 FAX: Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy PhoNE: FAX: 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON 825 LEXINGTON BLVD SUITE 2 FORT ATKINSON, WI 53538 FORT ATKINSON, WI 53538 FAX: (920) 568-9742 Ownership Type: PROPRIETARY PARTNERSHIP				
600 2ND AVENUE NEW GLARUS, WI 53574 FAX: Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Branch: NAZARETH HOUSE 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON 825 LEXINGTON BLVD SUITE 2 FORT ATKINSON, WI 53538 FAX: (920) 568-9739 SOUTHERN KURT CHAPMAN Jefferson SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742		, , , , , , , , , , , , , , , , , , , ,		
600 2ND AVENUE NEW GLARUS, WI 53574 FAX: Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Branch: NAZARETH HOUSE 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON 825 LEXINGTON BLVD SUITE 2 FORT ATKINSON, WI 53538 FAX: (920) 568-9739 SOUTHERN KURT CHAPMAN Jefferson SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742	52 -6594	GL HEALTHCARE SERVICES LTD	II ENE LARSON	Green
NEW GLARUS, WI 53574 Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy	32 -003 -			
Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Speech Pathology Branch: NAZARETH HOUSE PHONE: FAX: 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON 825 LEXINGTON BLVD SUITE 2 (920) 568-9739 SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742 Ownership Type: PROPRIETARY PARTNERSHIP			, ,	JOUTTENN
Services Available: Occupational Therapy Physical Therapy Speech Pathology Branch: NAZARETH HOUSE PHONE: FAX: 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON KURT CHAPMAN Jefferson 825 LEXINGTON BLVD SUITE 2 (920) 568-9739 SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742 Ownership Type: PROPRIETARY PARTNERSHIP	Ownership T		1 70.	
Branch: NAZARETH HOUSE PHONE: FAX: 814 JACKSON STREET STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON KURT CHAPMAN Jefferson 825 LEXINGTON BLVD SUITE 2 (920) 568-9739 SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742 Ownership Type: PROPRIETARY PARTNERSHIP	-	••	Speech Pathology	
814 JACKSON STREET				
STOUGHTON WI 53589 52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON KURT CHAPMAN Jefferson 825 LEXINGTON BLVD SUITE 2 (920) 568-9739 SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742 Ownership Type: PROPRIETARY PARTNERSHIP	Branch:		FHONE. FAX:	
52-6592 SPORT & SPINE CLINIC OF FORT ATKINSON 825 LEXINGTON BLVD SUITE 2 FORT ATKINSON, WI 53538 FAX: (920) 568-9742 Ownership Type: PROPRIETARY PARTNERSHIP				
825 LEXINGTON BLVD SUITE 2 (920) 568-9739 SOUTHEASTERN FORT ATKINSON, WI 53538 FAX: (920) 568-9742 Ownership Type: PROPRIETARY PARTNERSHIP				
FORT ATKINSON, WI 53538 FAX: (920) 568-9742 Ownership Type: PROPRIETARY PARTNERSHIP	52- 6592			
Ownership Type: PROPRIETARY PARTNERSHIP			, ,	SOUTHEASTERN
• • •		FORT ATKINSON, WI 53538	FAX: (920) 568-9742	
Services Available: Physical Therapy	Ownership T	ype: PROPRIETARY PARTNERSHIP		
	Services Ava	ailable: Physical Therapy		

STATE OF WISCONSIN

Madison, WI 53701-2969

Division of Disability and Elder Services

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OUTPATIENT REHABILITATION FACILITIES Alphabetical by County and City

Bureau of Quality Assurance P.O. Box 2969

All providers certified for Medicare - those also certified for Medicaid are indicated at left

	All providers certified for Medic	care - those also ce	ertified for Medicaid are indi	cated at left	
Certification	Please note: Brai	nches may not pro	vide all services listed		
Number	Provider Name and Address		Administrator and P	hone	County and Region
52- 6582	KELLY LYNCH PHYSICAL THERAPY		KELLY LYNCH		Jefferson
	600 EAST MAIN STREET SUITE 200		(920) 206-1000		SOUTHEASTERN
	WATERTOWN, WI 53094		FAX: (920) 206-1010		
Ownership T	ype: PROPRIETARY PARTNERSHIP		,		
	ailable: Physical Therapy				
	,				
52- 6576	REHAB IN MOTION LLC		GEORGIA MEYER		Jefferson
Certified fo	r 615 EAST MAIN STREET SUITE B		(920) 262-9970		SOUTHEASTERN
Medicaid	WATERTOWN, WI 53094		FAX : (920) 262-9930		
Ownership T	ype: LIMITED LIABILITY COMP(FOR-PRO	OFIT)	, ,		
•	ailable: Occupational Therapy	Physical Therapy	Speech Pat	hology	
		,	.,	3 3 3 7	
52- 6533	SOUTHPORT REHAB ASSOCIATES IN	С	WILLIAM LETSOM		Kenosha
Certified fo	r 7201 GREEN BAY ROAD		(262) 694-3977		SOUTHEASTERN
Medicaid	KENOSHA, WI 53142		FAX : (262) 694-5648		
Ownership T	ype: PROPRIETARY CORPORATION		, ,		
Services Ava	ailable: Occupational Therapy	Physical Therapy			
Branch:	SOUTHPORT REHAB ASSOCIATES INC		PHONE:	FAX:	
	4211 GREEN BAY ROAD				
	KENOSHA WI 53142				
Branch:	SOUTHPORT REHAB ASSOCIATES INC		PHONE:	FAX:	
	1532 S GREEN BAY ROAD STE 200				
	RACINE WI 53406				
52- 6523	SALUCARE REHABILITATIVE SERVICE	ES SC	JUDY SCHABERT		LaCrosse
Certified fo	r 2600 WARD AVENUE		(608) 787-8200		WESTERN
Medicaid	LA CROSSE, WI 54601		FAX: (608) 787-8211		
Ownership T	vpe: PROPRIETARY CORPORATION				
•	ailable: Occupational Therapy	Physical Therapy	Speech Pat	holoav	
00.1.0007.10	inable: Cosspanding Indiap,	ye.eae.apy			
52- 6545	MISSISSIPPI VALLEY PHYSICAL REHA	ABILITATION SC	DAVID SEITZ		LaCrosse
Certified fo	r 713 NORTH LEONARD STREET		(608) 787-6386		WESTERN
Medicaid	WEST SALEM, WI 54669		FAX : (608) 788-4543		
Ownership T	ype: PROPRIETARY CORPORATION		, ,		
•	ailable: Occupational Therapy	Physical Therapy	Speech Pat	hology	
	MARINUKA MANOR		PHONE:	FAX:	
	19475 SILVER CREEK ROAD				
	GALESVILLE WI 54630				
Branch:	BETHANY-RIVERSIDE		PHONE:	FAX:	
	2575 SOUTH 7TH STREET				
	LA CROSSE WI 54601				
52- 6567	MERRILL PHYSICAL THERAPY		ANTHONY GERLACI		Lincoln
<u>-0001</u>	500 SOUTH CENTER AVENUE		(715) 539-2740	•	NORTHERN
	MEDDILL MILETARE		(715) 500-2170		HOINTILINI

FAX: (715) 536-1814

MERRILL, WI 54452

Ownership Type: PROPRIETARY PARTNERSHIP Services Available: Physical Therapy

STATE OF WISCONSIN

Division of Disability and Elder Services

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OUTPATIENT REHABILITATION FACILITIES Alphabetical by County and City

Bureau of Quality Assurance P.O. Box 2969 Madison, WI 53701-2969

All providers certified for Medicare - those also certified for Medicaid are indicated at left

Certification	Please note: Brai	nches may not prov	ide all services listed		
Number	Provider Name and Address		Administrator and Ph	one	County and Region
52- 6555	SPORT & SPINE CLINIC LP		MIKE SCANDIN		Marathon
	16E MENARD PLAZA		(715) 845-2942		NORTHERN
Medicaid	WAUSAU, WI 54402		FAX:		
Ownership Ty	/pe: PROPRIETARY PARTNERSHIP				
Services Ava	lable: Physical Therapy				
Branch:	SPORT & SPINE CLINIC OF COLBY		PHONE:	FAX:	
	205 W SPENCE STREET				
	COLBY WI_54421				
Branch:	SPORT & SPINE CLINIC OF EDGAR		PHONE:	FAX:	
	216 WEST REDWOOD STREET				
	EDGAR WI_54426				
Branch:	SPORT & SPINE CLINIC OF GREENWOO	OD	PHONE:	FAX:	
	133 S MAIN STREET				
	GREENWOOD WI 54437				
Branch:	SPORT & SPINE CLINIC OF MOSINEE		PHONE:	FAX:	
	1021 WESTERN AVENUE SUITE C				
_	MOSINEE WI 54455				
52- 6543	SACRED HEART REHABILITATION SH	ARED THERAPEUT	ICS KAREN LEMANCZYK		Milwaukee
	6700 N PORT WASHINGTON ROAD		(414) 326-2668		SOUTHEASTERN
Medicaid	GLENDALE, WI 53212		FAX: (414) 326-1764		
Ownership Ty	/pe: VOLUNTARY NONPROFIT CHURCH	1/CORP			
Services Ava	lable: Occupational Therapy	Physical Therapy	Speech Path	ology	
52- 6531	MJ CARE INC		JEROME STYBERG		Milwaukee
Certified for	11035 W FOREST HOME AVENUE		(414) 529-4141		SOUTHEASTERN
Medicaid	HALES CORNERS, WI 53130		FAX:		
Ownership Ty	pe: PROPRIETARY CORPORATION				
Services Ava	lable: Occupational Therapy	Physical Therapy	Speech Path	ology	

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Madison, WI 53701-2969

All providers certified for Medicare - those also certified for Medicaid are indicated at left
Please note: Branches may not provide all services listed

Certification	Please note: Branches may not pro	vide all services listed		
Number	Provider Name and Address	Administrator and F	Phone	County and Region
52 -6505	CURATIVE CARE NETWORK INC	ROBERT COONS JR		Milwaukee
Certified for	1000 N 92ND STREET	(414) 259-1414		SOUTHEASTERN
Medicaid	MILWAUKEE, WI 53226	FAX: (414) 259-0453		
Ownership Ty	pe: VOLUNTARY NONPROFIT CORP			
Services Avai	lable:Occupational TherapyPhysical Therapy	Speech Pat	thology	
Branch:	CUDAHY CENTER	PHONE:	FAX:	
	5071 SOUTH LAKE DRIVE			
	CUDAHY WI 53110			
Branch:	CURATIVE - MENTAL HEALTH	PHONE:	FAX:	
	9455 WATERTOWN PLANK ROAD			
	MILWAUKEE WI 53226			
Branch:	CURATIVE - ISAAC COGGS HEALTH CENTER	PHONE:	FAX:	
	2770 N 5TH STREET			
	MILWAUKEE WI 53212			
Branch:	CURATIVE - JOHNSTON HEALTH CENTER	PHONE:	FAX:	
	1230 W GRANT STREET			
	MILWAUKEE WI 53215			
Branch:	CURATIVE - WEST ALLIS	PHONE:	FAX:	
	1647 SOUTH 101ST STREET			
	MILWAUKEE WI 53214			
Branch:	CENTRAL CITY CENTER	PHONE:	FAX:	
	2607 W FOND DU LAC AVENUE			
	MILWAUKEE WI 53206			
Branch:	CURATIVE - WAUKESHA	PHONE:	FAX:	
	149 WISCONSIN AVENUE			
	WAUKESHA WI 53186			
52- 6525	MILWAUKEE CENTER FOR INDEPENDENCE	MELINDA VERNON		Milwaukee
	1339 N MILWAUKEE STREET	(414) 272-9242		SOUTHEASTERN
Medicaid	MILWAUKEE, WI 53202	FAX: (414) 431-1810		
Ownership Ty	pe: VOLUNTARY NONPROFIT CORP			
Services Avai	lable:Occupational TherapyPhysical Therapy	Speech Pat	thology	
Branch:	SOUTHEAST CAMPUS	PHONE: (414) 481-6336	FAX:	
	3333 S HOWELL AVENUE			
_	MILWAUKEE WI 53207			
Branch:	WESTSIDE SENIOR DAY CENTER	PHONE: (414) 272-1344	FAX:	
	5920 W CENTER STREET			
	MILWAUKEE WI 53210			

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OUTPATIENT REHABILITATION FACILITIES Alphabetical by County and City

Bureau of Quality Assurance P.O. Box 2969

Madison, WI 53701-2969

All providers certified for Medicare - those also certified for Medicaid are indicated at left

	All providers certified for Medic		rified for Medicald are	mulcaled at IEIT	
Certification Number	Provider Name and Address	iches may not prov	Administrator a	nd Phone	County and Region
-		TION		na i none	
52- 6556	NOVACARE OUTPATIENT REHABILITA	IION	BURKE SMITH		Milwaukee
Medicaid	1101 NORTH MARKET STREET		(414) 223-1191		SOUTHEASTERN
	MILWAUKEE, WI 53202 /pe: PROPRIETARY CORPORATION		FAX : (414) 456-0695		
	ilable: Occupational Therapy	Physical Therapy	Snooch	n Pathology	
	NOVACARE OUTPATIENT REHABILITAT		PHONE:	FAX:	
Dianen.	2525 E LAYTON AVENUE	1014	FIIONE.	ı Ax.	
	CUDAHY WI 53110				
Branch:	NOVACARE OUTPATIENT REHABILITAT		PHONE: (414) 425-197	70 FAX :	
2.4	5020 SOUTH 110TH STREET		1110N21 (111) 120 101	1700	
	GREENFIELD WI 53228				
Branch:	NOVACARE OUTPATIENT REHABILITAT		PHONE: (414) 384-290	00 FAX :	
	3440 SOUTH 27TH STREET		,		
	MILWAUKEE WI 53215				
Branch:	NOVACARE OUTPATIENT REHABILITAT	ION	PHONE:	FAX:	
	13700 W NATIONAL AVE STE 203				
	NEW BERLIN WI 53151				
Branch:	NOVACARE OUTPATIENT REHABILITAT	ION	PHONE:	FAX:	
	5439 DURAND AVENUE				
	RACINE WI 53406				
Branch:	NOVACARE OUTPATIENT REHABILITAT	ION	PHONE:	FAX:	
	1126 SOUTH 70TH STREET				
	WEST ALLIS WI 53214				
52- 6539	PENFIELD CHILDREN'S CENTER		JAMES RYAN		Milwaukee
	833 N 26TH STREET		(414) 344-7676		SOUTHEASTERN
Medicaid	MILWAUKEE, WI 53233		FAX: (414) 344-7739		
	pe: VOLUNTARY NONPROFIT CORP				
Services Ava	ilable: Occupational Therapy	Physical Therapy	Speech	n Pathology	
52- 6538	REHABWORKS LLC		LANI HERRERA		Milwaukee
Certified for			(414) 281-8911		SOUTHEASTERN
Medicaid	MILWAUKEE, WI 53221		FAX : (414) 281-8971		
	/pe: PROPRIETARY CORPORATION				
Services Ava	ilable: Occupational Therapy	Physical Therapy	Speech	n Pathology	
52 -6566	ST ANN CENTER FOR INTERGENERAT	IONAL CARE INC	SISTER EDNA L	ONERGAN	Milwaukee
Certified for Medicald	2801 EAST MORGAN AVENUE		(414) 977-5000		SOUTHEASTERN
	MILWAUKEE, WI 53207		FAX:		
	<pre>/pe: VOLUNTARY NONPROFIT CHURCH ilable: Occupational Therapy</pre>		Spann	Dathology	
	ST ANN CENTER	Physical Therapy	PHONE:	Pathology	
Branch:	3221 SOUTH LAKE DRIVE		FIIONE.	FAX:	
	MILWAUKEE WI 53235				
52 -6590	RETURN TO WORK & SPORTS CENTE	P INC	ELIZABETH HAN	MIS-KBOLI	Milwaukee
32- 0380	147 W RYAN ROAD	IN IING	(414) 570-0441	NOO-KROLL	SOUTHEASTERN
	OAK CREEK, WI 531544401		(414) 570-0441 FAX: (414) 570-0442		JOUTHLASTERN
Ownership To	/pe: PROPRIETARY CORPORATION		1 AA. (+1+) 010-0442		
	ilable: Occupational Therapy	Physical Therapy			
Jei vices Ava	nusio. Cocapational iniciapy	. Tryotour Thorapy			

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Number Provider Name and Address Administrator and Phone County and Region

52-6591 **UNITED THERAPY SERVICES INC** TIMOTHY RILEY Milwaukee

Certified for 3209 S LAKE DRIVE (414) 327-6640 SOUTHEASTERN

Medicaid SAINT FRANCIS, WI 53235 FAX: (414) 327-6640

Ownership Type: PROPRIETARY CORPORATION

Services Available: Physical Therapy

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rtification mber	Provider Name and Address	vide all services listed Administrator and P	hone	County and Region	
-6534	MJ CARE INC	MARY GENNERMAN		Milwaukee	
Certified for	· 3601 S CHICAGO AVENUE	(414) 329-2500		SOUTHEASTERN	
Medicaid	SOUTH MILWAUKEE, WI 53172	FAX: (414) 329-2501			
vnership Ty	/pe: PROPRIETARY CORPORATION				
rvices Avai	ilable: Occupational Therapy Physical Therapy	Speech Pat	hology		
Branch:	PREMIER REHAB AND SKILLED NURSING	PHONE:	FAX:		
	2121 PIONEER DRIVE				
	BELOIT WI 53511				
Branch:	DALLAS HEALTH CARE CENTER	PHONE:	FAX:		
	104 EAST DALLAS				
	DALLAS WI 54733				
Branch:	KIWANIS MANOR	PHONE:	FAX:		
	3271 NORTH STREET P O BOX 292				
	EAST TROY WI 53120				
Branch:	FOND DU LAC HEALTH CARE CENTER	PHONE:	FAX:		
	459 EAST 1ST STREET				
	FOND DU LAC WI 54935				
Branch:	ZASTROW CARE CENTER	PHONE:	FAX:		
	600 WEST HICKORY STREET				
	GILMAN WI 54433				
Branch:	BROOKSIDE CARE CENTER	PHONE:	FAX:		
	3506 WASHINGTON ROAD				
	KENOSHA WI 53144				
Branch:	WISCONSIN VETERANS HOME	PHONE:	FAX:		
	N 2665 COUNTY HIGHWAY QQ				
	KING WI 54946				
Branch:	ST JOSEPH'S REHABILITATION CENTER	PHONE:	FAX:		
	2902 EAST AVENUE SOUTH				
	LA CROSSE WI 54601				
Branch:	MILWAUKEE CATHOLIC HOME	PHONE:	FAX:		
	2330 NORTH PROSPECT AVENUE				
	MILWAUKEE WI 53211				
Branch:	EISENHOWER CENTER	PHONE:	FAX:		
	4425 W WOOLWORTH AVENUE				
	MILWAUKEE WI 53218				
Branch:	NEW GLARUS HOME	PHONE:	FAX:		
	600 2ND AVENUE				
	NEW GLARUS WI 53574				
Branch:	SCHMITT WOODLAND HILLS	PHONE:	FAX:		
	1400 W SEMINARY STREET				
	RICHLAND CENTER WI 53581				
Branch:	PINE HAVEN CHRISTIAN HOME	PHONE : (920) 467-2401	FAX : (920) 467-1569	
	531 GIDDING AVENUE				
	SHEBOYGAN FALLS WI 53085				
Branch:	NAZARETH HOUSE	PHONE:	FAX:		
	814 JACKSON STREET				
	STOUGHTON WI 53589		. _ =		
Branch:	SHEPHERDS HOME	PHONE:	FAX:		
	1850 15TH AVENUE				
	UNION GROVE WI 53182		. _ =		
Branch:		PHONE:	FAX:	= 	
	E7404A COUNTY HIGHWAY BB				
	VIROQUA WI 54665				

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Ü	All provider			outing and Only artified for Medical	id are indicated at left	·
	All provider		anches may not pro			
Certification	Provider Name and		inches may not pro-		ator and Phone	County and Basian
Number	LAKEVIEW HEALTH			PHONE:	FAX:	County and Region
Brancii.	902 E GARLAND STF			PHONE.	raa.	
	WEST SALEM	WI 54669				
	PARK VIEW HEALTH			PHONE:	-	
Brancii.	725 BUTLER AVENU		P O BOX 10	PHONE.	raa.	
	WINNEBAGO	WI 54985	1 0 000 10			
=0 0500		WI 04303		IEAN EAL		N.C.
52 -6586	TEAM REHAB INC	- N II II -		JEAN FAH		Milwaukee
Certified fo Medicaid				(262) 549-		SOUTHEASTERN
	WAUKESHA, WI 5			FAX: (414) 355-	7933	
•	ype: PROPRIETARY		Dhysical Thorany	c	Speech Dathology	
	ilable: Occupational VOCATIONAL INDUS		Physical Therapy	PHONE:	Speech Pathology	
branch:				PHONE:	FAX:	
	530 EAST CENTRAL					
	ELKHORN PORTAL INDUSTRIE	WI_53121	. – – – – –	PHONE:		
Diancii.	420 TENTH AVENUE			PHONE.	raa.	
	GRAFTON	WI 53072				
Branch:	KANDU INDUSTRIES		. – – – – –	PHONE:	-	
Branch.	1741 ADEL STREET) INC		PHONE.	raa.	
	JANESVILLE	WI 53545				
Branch:	WALWORTH COUNT		DE HEALTH AND	PHONE:	-	
Branch.	HUMAN SERVICES	1 DEI / IKTIMEI TI	71 TIE/KETTT/KIND	I HONE.	i Ax.	
	9450 NORTH 107TH	ST SUITE B				
	MILWAUKEE	WI 53224				
Branch:	OCONTO COUNTY D	EPARTMENT OF H	IUMAN SERVICES	PHONE:	FAX:	
	501 PARK AVENUE					
	OCONTO	WI 54153				
52- 6568	PRO FITNESS & RI	EHAB SC		GEORGE	MANN	Milwaukee
	5301 W LINCOLN A	VENUE		(414) 329-	7774	SOUTHEASTERN
	WEST ALLIS, WI 5	3219		FAX: (414) 329-	7670	
Ownership T	ype: PROPRIETARY	CORPORATION				
Services Ava	ilable: Occupational	Therapy	Physical Therapy	S	Speech Pathology	
52- 6530	TOMAH THERAPY	CENTER LLC		ALFRED C	YLER	Monroe
Certified fo	r 430 JULIE STREET	P O BOX 825		(608) 372-	0800	WESTERN
Medicaid	TOMAH, WI 54660			FAX: (608) 372-	1940	
Ownership T	ype: LIMITED LIABILI	ITY COMP(FOR-PR	OFIT)			
Services Ava	ilable: Physical Thera	ару				
52- 6535	PETERSEN REHAE	BILITATION CENTE	R INC	JOHN SYF	KES	Oneida
Certified fo	r 901 BOYCE DRIVE	P O BOX 857		(715) 365-	6866	NORTHERN
Medicaid		54501		FAX:		
	RHINELANDER, WI	34301				
Ownership T	RHINELANDER, WI ype: PROPRIETARY					
	•	CORPORATION	Physical Therapy	S	Speech Pathology	
Services Ava	ype: PROPRIETARY	CORPORATION Therapy	Physical Therapy	S	Speech Pathology FAX:	
Services Ava	ype: PROPRIETARY nilable: Occupational	CORPORATION Therapy	Physical Therapy		-	. – – –
Services Ava	ype: PROPRIETARY iilable: Occupational HORIZONS UNLIMIT	CORPORATION Therapy	Physical Therapy		-	
Services Ava Branch:	ype: PROPRIETARY illable: Occupational HORIZONS UNLIMIT 902 BOYCE DRIVE	CORPORATION Therapy ED	Physical Therapy		-	. – – –
Services Ava Branch:	ype: PROPRIETARY ilable: Occupational HORIZONS UNLIMIT 902 BOYCE DRIVE RHINELANDER	CORPORATION Therapy ED	Physical Therapy	PHONE:	FAX:	

STATE OF WISCONSIN

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All providers certified for Medicare - those also certified for Medicaid are indicated at left

Certification	Please note: Branches may not provide all services listed

52-6540 **GOOD SHEPHERD REHABILITATION AGENCY** THOMAS LOHUIS Outagamie 958 FOOTE STREET (920) 833-7796 NORTHEASTERN

SEYMOUR, WI 54165 FAX:

Ownership Type: VOLUNTARY NONPROFIT CHURCH/CORP

Provider Name and Address

Services Available: Occupational Therapy Physical Therapy Speech Pathology

52-6589 AVENUES OF EXPRESSION NECIA WALCZAK Ozaukee

Certified for 11501 N PORT WASH RD STE G30 (262) 241-1111 SOUTHEASTERN

Medicaid MEQUON, WI 530923415 FAX: (262) 241-7779

Ownership Type: PROPRIETARY CORPORATION

Services Available: Occupational Therapy Physical Therapy Speech Pathology

52-6583 OZAUKEE THERAPY SERVICES LLC KAREN KESTEL Ozaukee

Certified for 10602 N PORT WASH RD STE 101 (262) 241-8030 SOUTHEASTERN

Medicaid MEQUON, WI 53092 FAX: (262) 241-8304

Ownership Type: LIMITED LIABILITY COMP(FOR-PROFIT)

Services Available: Occupational Therapy Physical Therapy Speech Pathology

52-6519 **MIDWEST REHABILITATION SPECIALISTS INC** SHERRY DEISS Pierce

Certified for 372 W SPRUCE STREET P O BOX 299 (715) 273-6685 WESTERN

Medicaid ELLSWORTH, WI 54011 FAX:

Ownership Type: PROPRIETARY CORPORATION

Services Available: Speech Pathology

52-6522 MEDICAL SUPPORT SERVICES MARY ANN MAIERS Racine

Certified for 1100 COMMERCE DRIVE SUITE 114 (262) 886-3431 SOUTHEASTERN

Medicaid RACINE, WI 53406 FAX:

Ownership Type: PROPRIETARY CORPORATION

Services Available: Occupational Therapy Physical Therapy Speech Pathology

52-6506 GREENFIELD REHABILITATION AGENCY INC CAROLE JARICH Racine

Certified for 1400 8TH AVENUE (414) 327-6603 SOUTHEASTERN

Medicaid UNION GROVE, WI 53182 FAX:

 Ownership Type:
 PROPRIETARY CORPORATION

 Services Available:
 Occupational Therapy
 Physical Therapy
 Speech Pathology

Branch: GOLDEN YEARS OF WALWORTH PHONE: FAX:

270 RIDGE ROAD

WALWORTH WI 53184

52-6574 SPORT & SPINE CLINIC OF WITTENBERG JOAN OSTERMEIER Shawano

105 N GENESEE STREET P O BOX 328 (715) 253-2939 NORTHEASTERN

WITTENBERG, WI 54499 **FAX:** (715) 253-2930

Ownership Type: PROPRIETARY PARTNERSHIP

Services Available: Physical Therapy

52-6588 **PROGRESSIVE BEGINNINGS LLC** JOHN ELMENDORF Sheboygan

Certified for 3315 BEHRENS PARKWAY (920) 803-1617 NORTHEASTERN

Medicaid SHEBOYGAN, WI 53081 FAX: (920) 803-1622

Ownership Type: LIMITED LIABILITY COMP(FOR-PROFIT)

Services Available: Occupational Therapy Physical Therapy Speech Pathology

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Services Available: Occupational Therapy

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All providers certified for Medicare - those also certified for Medicaid are indicated at left

All providers certified for Medicare - those also		eft
Certification Please note: Branches may not p		
Number Provider Name and Address	Administrator and Phone	County and Region
52-6561 ROEPKE PHYSICAL THERAPY	PETER ROEPKE	Taylor
Certified for 640 S EIGHTH STREET	(715) 748-5203	NORTHERN
Medicaid MEDFORD, WI 54451	FAX: (715) 748-0842	
Ownership Type: PROPRIETARY PARTNERSHIP		
Services Available: Physical Therapy		
, , , ,		
52-6562 THE PROGRESSIVE STEP CORPORATION	JULIE SCUREK	Walworth
Certified for 824B E GENEVA STREET	(262) 728-5918	SOUTHEASTERN
Medicaid DELAVAN, WI 53115	FAX: (262) 728-3093	0001112/10121111
Ownership Type: PROPRIETARY CORPORATION	174. (202) 120 0000	
Services Available: Occupational Therapy Physical Therap	y Speech Pathology	
Branch: ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE: FAX:	
300 COTTONWOOD AVENUE #7	FRONE. FAX.	
HARTLAND WI 53029 Branch: ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE		
	PHONE: FAX:	
10303 N PORT WASH RD SUITE 103		
MEQUON WI 53092	- ==.= =	
Branch: ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE: FAX:	
2040 WEST WISCONSIN AVENUE		
MILWAUKEE WI 53233		
Branch: PROGRESSIVE STEP REHABILITATION SERVICES	PHONE: FAX:	
1905-1/2 FIFTH STREET		
MONROE WI_53566		
Branch: ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE: FAX:	
15350 W NATIONAL AVENUE #109		
NEW BERLIN WI 53151		
Branch: ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE: FAX:	
820 EAST SUMMIT AVENUE		
OCONOMOWOC WI 53066		
Branch: ASSOCIATED PHYSICAL THERAPISTS OF MILWAUKEE	PHONE: FAX:	
237 WISCONSIN AVENUE #100		
WAUKESHA WI 53186		
52-6512 CEDAR HAVEN REHABILITATION AGENCY	LORI DOMINICZAK	Washington
Certified for 5595 HIGHWAY Z	(262) 306-2150	SOUTHEASTERN
Medicaid WEST BEND, WI 53095	FAX:	
Ownership Type: VOLUNTARY NONPROFIT CORP		
Services Available: Occupational Therapy Physical Therap	y Speech Pathology	
jolodi Morap	, speed aogy	
52-6548 OCCUPATIONAL THERAPY & HAND CLINIC	GARY JOHNSON	Washington
		· ·
Certified for 1201 OAK STREET SUITE J Medicaid WEST BEND WI 53095	(262) 335-2094	SOUTHEASTERN
WEST BEND, WI GOODS	FAX:	
Ownership Type: PROPRIETARY CORPORATION	One ask Datt	

Physical Therapy

Speech Pathology

OCONOMOWOC

WI 53066

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P.O. Box 2969 Madison, WI 53701-2969

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OUTPATIENT REHABILITATION FACILITIES

Please note: Branches may not provide all services listed Certification **Provider Name and Address Administrator and Phone County and Region** Number **52-**6552 HEALTHREACH REHABILITATION SERVICES INC **DEAN SCHEELS** Waukesha Certified for 17280 W NORTH AVENUE STE 104 (262) 780-0707 SOUTHEASTERN Medicaid BROOKFIELD, WI 53045 FAX: Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Speech Pathology Branch: HEALTHREACH - CONGREGATIONAL HOME PHONE: FAX: 3150 LILLY ROAD WI 53005 **BROOKFIELD** Branch: HEALTHREACH CLINTONVILLE CLINIC PHONE: FAX: 7 SOUTH MAIN CLINTONVILLE WI 54929 PHONE: (920) 674-8448 FAX: Branch: ST COLETTA, ALVERNO N4637 HIGHWAY Y **JEFFERSON** WI 53549 Branch: HEALTHREACH LAKEWOOD CLINIC PHONE: FAX: 17181 TWIN PINES ROAD LAKEWOOD WI 54138 Branch: LUTHERAN HOME FOR THE AGING PHONE: FAX: 7500 W NORTH AVENUE MILWAUKEE WI 53213 Branch: HEALTHREACH - LUTHERAN HOMES OF OCONOMOWOC, PHONE: FAX: SHOREHAVEN 1306 W WISCONSIN AVENUE OCONOMOWOC WI 53066 Branch: BETHESDA LUTHERAN HOME PHONE: FAX: 700 HOFFMANN DRIVE WATERTOWN WI 53094 Branch: HEALTHREACH PHONE: FAX: 209 W MAIN STREET WAUKESHA WI 53186 **52-**6569 **NEW BERLIN THERAPIES SC** SUSAN KINOSIAN Waukesha Certified for 2895 SOUTH MOORLAND ROAD (262) 782-9015 SOUTHEASTERN Medicaid NEW BERLIN, WI 53151 FAX: (262) 782-9013 Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Speech Pathology **52-**6554 REHABILITATION INSTITUTE OF WISCONSIN LAURIE STELLICK Waukesha Certified for 20725 WATERTOWN ROAD (262) 798-9650 SOUTHEASTERN Medicaid WAUKESHA, WI 531861820 FAX: (262) 798-9652 Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy **52-**6553 **WAUKESHA SPORTS MEDICINE & PHYSICAL THERAPY** LINDA FORBES Waukesha CENTER SOUTHEASTERN 1111 DELAFIELD ST STES 120 & 15 (262) 544-5311 WAUKESHA, WI 53188 FAX: Ownership Type: PROPRIETARY CORPORATION Services Available: Occupational Therapy Physical Therapy Branch: ORTHOPAEDIC ASSOCIATES OF WAUKESHA PHONE: FAX: 400 BAYVIEW ROAD SUITE C **MUKWONAGO** WI 53149 Branch: ORTHOPAEDIC ASSOCIATES OF WAUKESHA PHONE: FAX: 785 SUMMIT AVENUE SUITE 101

STATE OF WISCONSIN

NORTHEASTERN

NORTHEASTERN

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NumberProvider Name and AddressAdministrator and PhoneCounty and Region52-6581HEALTHSOUTH SPORTS MEDICINE & REHABILITATIONBRANDI MEYERWinnebago

CENTER

300 S KOELLER STREET SUITE G (920) 235-8145

Medicaid OSHKOSH, WI 54902 FAX: (920) 235-8327

Ownership Type: PROPRIETARY CORPORATION

Services Available: Physical Therapy

52-6578 PHYSICAL THERAPY ASSOCIATES OF OSHKOSH ROBERT RHODES Winnebago

555 S WASHBURN STREET (920) 236-3130

OSHKOSH, WI 54904 FAX: (920) 236-3123

Ownership Type: PROPRIETARY CORPORATION

Services Available: Physical Therapy

52-6593 SPORT & SPINE CLINIC OF AUBURNDALE MERRIE DE GRAND Wood

5744 MAIN STREET (715) 652-3470 NORTHERN

AUBURNDALE, WI 54412 FAX: (715) 652-3473

Ownership Type: PROPRIETARY PARTNERSHIP

Services Available: Physical Therapy

52-6537 HEALTHSOUTH SPORTS MEDICINE & REHABILITATION KAREN CHRISTEN Wood

CENTER

Certified for 212 E UPHAM STREET (715) 387-4818 NORTHERN

Medicaid MARSHFIELD, WI 54449 FAX:

Ownership Type: PROPRIETARY CORPORATION

Services Available: Physical Therapy

Branch: HEALTHSOUTH SPORTS MED & REHAB CTR PHONE: FAX:

702 E WILLOW DRIVE

SPENCER WI 54479